

# **RIISING STAR SUMMER BASKETBALL**



**Boys' and girls' summer basketball leagues for the  
rising 5th, 6th, 7th, and 8th grade team  
(currently in 4th, 5th, 6th and 7th grade).**

Registration deadline is Monday, May 20, 2013 at 5:00pm.

Cost per team: \$860.00(Out of County Teams- \$910.00).

Make checks payable to:

**Montgomery County Recreation**

**Attention: Summer Rising Star Basketball League/ Registrar**

**4010 Randolph Rd.**

**Silver Spring, MD, 20902-1099**

If your team is unable to fully pay the team fee at the time of registration,  
please contact Mark LeGrande at 240-777-6844 to work out a payment plan.

League games will be played on weekdays, 5:30pm-9:00pm.

Register your team using next fall's grade level (not the current grade level).

## *Primary Game Schedule*

**BOYS 5TH GRADE:** Wednesday, Friday

**BOYS 6TH GRADE:** Monday, Wednesday, Friday

**BOYS 7TH GRADE:** Tuesday, Thursday

**BOYS 8TH GRADE:** Monday, Wednesday

**GIRLS 5TH GRADE:** Monday, Friday

**GIRLS 6TH GRADE:** Monday, Wednesday, Friday

**GIRLS 7TH GRADE:** Monday, Wednesday

**GIRLS 8TH GRADE:** Tuesday, Thursday

Games begin week of June 10.

Each team will play 10 regular season games.

Each team must provide their own uniforms  
(two colors required, reversible jersey is recommended).

Any scheduling requests must be made by May 20, 2013.

Schedules will be emailed to each team the first week in June.

Please call Brad Roos at 240-777-6877

if you have any questions about the Summer Rising Stars league.

## COURSES

**Boys'**

**Rising Star**

Course # 359258

**Girls'**

**Rising Star**

Course # 359259



MONTGOMERY COUNTY  
**Recreation**  
montgomerycountymd.gov/rec

## Ways to Register

- Mail: **Montgomery County Recreation Department,**  
**Attn: Registrar,**  
**4010 Randolph Road,**  
**Silver Spring, MD 20902**
- Fax: 240-777-6818 (payment by VISA or MasterCard)

## Payment Information

- 1 Full payment must be made at time of registration.
- 2 Any teams with more than half of their team living out of the county must pay the non-resident (NR) fee.
- 3 Make checks and money orders payable to MCRD. Checks and money orders must include name, address, home and work telephone numbers, driver's license number, and participant's full name. VISA or MasterCard payments are accepted. Registration form must include correct credit card number, expiration date, authorized signature, and authorized amount.
- 4 The Department of Recreation reserves the right to pursue all available options to collect any funds owed as a result of a dishonored check or credit card, charges incurred due to unsubstantiated credit card disputes, or any outstanding debt.

If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

## Withdrawal Policy

**Any team that drops from the league after the schedule has been completed or due to league violations shall forfeit their entire franchise fee.**

Mail your written withdrawal request to Montgomery County Recreation Department, Attention: Refund Request, 4010 Randolph Road, Silver Spring, MD 20902; or fax to 240-777-6818; or email to [rec.refund@montgomerycountymd.gov](mailto:rec.refund@montgomerycountymd.gov). This request must include the team's name, payer's name, address, phone number, course number, reason for withdrawal. All credits will be posted to your Recreation Department account unless a refund is specifically requested. All refunds will be issued to the payer in the same form (check or charge) as the payment was received. Refunds will be processed within 2-3 weeks of receipt of your written request.

## ADA Information

Montgomery County Department of Recreation is committed to compliance with the Americans with Disabilities Act (ADA). Please call a Therapeutic Recreation Specialist @240-777-6870V /240-777-6974 TTY to request accommodations no later than two weeks prior to the activity.



# Team Registration Form

Check here if new address/phone/email. **Please print.** This form may be duplicated.

MANAGER: Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

ASSIST. MANAGER: Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Team Name	League	Category	Division	Day	Level	Course #	Fees*

Team Name/Record: \_\_\_\_\_

Special Request: \_\_\_\_\_

PAYER/SPONSOR: Name \_\_\_\_\_ Signature on check \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

Total Amount Due: \$

Master Card Visa Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

CARDHOLDER: Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6870.

### \*Registrations will not be accepted without payment.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of the participant's voice in whatever way the County desires, including television print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_